

PROGRAM BRIEF

AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

The Agency for Healthcare Research and Quality (AHRQ) is committed to improving the quality, safety, effectiveness, and efficiency of health care for all Americans. With its focus on transforming sound research into practice to improve outcomes, AHRQ continues to enhance the health services research knowledge base; develop tools and talent that foster the health services research infrastructure; and build relationships with tribal and other American Indian/Alaska Native (AI/AN) organizations, the Indian Health Service (IHS), and other Federal agencies to advance excellence in health care. Recently completed and ongoing AHRQ activities of particular importance and relevance to the AI/AN population are summarized in this Program Brief.

Enhancing Knowledge To Improve Health and Health Care

IT systems for rural Indian clinic health care. Beginning September 2004, the California Rural Indian

Health Board is partnering with three of its rural tribal health programs which have implemented electronic health records with clinical decision support systems in a coordinated effort to reduce hospitalizations that may be preventable through improving quality of care and reducing medical errors. The information technology (IT) systems that result will be used in conjunction with local hospitals to support the review of all hospitalizations for their preventability, to detect and track the programs' medical and medication errors as well as their clinical care performance according to standardized performance guidelines. (Principal Investigator: Susan Dahl, California Rural Indian Health Board; Grant HS15339, 9/20/04-8/31/07)

Variation in outcomes of tribal health programs' rural safety net. In January 2004, AHRQ, through an interagency agreement with IHS, provided funds for a study of variation in health-related outcome indicators, including hospitalization rates, among American Indians who use tribal health programs



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in California. The major purpose of this analysis, which is being conducted by the California Rural Indian Health Board, is to determine if the American Indian hospitalization rates—which have been shown to be almost twice as high as those of whites living in the same service areas—are associated with system factors that could be improved. The tribal safety net system in California consists primarily of 26 ambulatory care clinics funded by the Indian Health Service.

Quality care and error reduction in rural hospitals. This project examines organizational factors directly influencing the rural health care provider, the delivery of patient care in rural settings, and the identification, discussion and disclosure of medical errors and adverse events. The investigators are using a Web-based intervention in the form of a curriculum that is accessible to health care providers in rural hospitals and is designed to raise awareness, encourage error reporting, and build skills to address adverse events across 30 hospital settings in a nine-State area of the rural West. The grant also includes a supplement to add minority investigators and include key contacts from 26 American Indian reservations in Idaho, Montana, North and South Dakota, and Wyoming. (Principal Investigator: Ann Cook, University of Montana; Grant HS11930, 9/30/01-9/29/04)

Cook AF, Hoas H, Guttmanova K. Not by technology alone....Project seeks to assess and aid patient safety in rural areas. *Biomed Instrum Technol* 2003 Mar-Apr;37(2):128-30.

Understanding and reducing native elder health disparities. At one of AHRQ's Excellence Centers to Eliminate Ethnic/racial Disparities, a team headed by an American Indian researcher is examining health care of

elderly AI/ANs for diabetes, heart disease, cancer and respiratory diseases such as influenza, tuberculosis and pneumonia—chronic conditions for which the AI/AN population is at an increased risk. Individual projects address improving the quality of diabetic care, increasing participation in clinical preventive services such as immunization and cancer detection/management, and smoking cessation, as well as identifying both the barriers and facilitators to improved health status and functioning of older AI/ANs. (Principal Investigator: Spero Manson, University of Colorado; Grant HS10854, 9/30/00-9/29/06)

Effect of Navajo interpreters on diabetes outcomes. Investigators led by an American Indian researcher are evaluating how formally trained diabetes medical interpreters affect diabetes outcomes and health care use patterns compared with the usual-care interpretation with no formal medical interpreter or diabetes knowledge training. By probing linguistic, cultural, and regional language issues, including a possible lack of word-for-word translatability, in translating an apparently simple questionnaire (the Michigan Diabetes Knowledge Test) from English into Navajo, the translators have been able to articulate approaches that can be used in explaining diabetes management in an appropriate cultural context. (Principal Investigator: Melvina McCabe, University of New Mexico; Grant HS10637, 9/30/00-9/29/05)

McCabe M, Morgan F, Smith M, et al. Challenges in interpreting diabetes concepts in the Navajo language. *Diabetes Care* 2003 June;26(6):1913-14.

Multimethod assessment of Medicaid managed care in New Mexico.

Researchers received a grant supplement to study the impact of Medicaid managed care (MMC) on American

Indians in tribal, IHS, and urban health care systems in New Mexico; the supplement was in addition to the main study's purpose to assess how MMC affected individual, organizational/community, and population levels of health care, including immunization rates and mental health care. (Principal Investigator: Howard Waitzkin, University of New Mexico; Grant HS09703, 9/30/98-3/31/02)

Waitzkin H, Williams RL, Bock JA, et al. Safety-net institutions buffer the impact of Medicaid managed care: a multi-method assessment in a rural state. *Am J Public Health* 2002 Apr;92(4):598-610.

Schillaci MA, Waitzkin H, Carson EA, et al. Immunization coverage and Medicaid managed care in New Mexico: a multimethod assessment. *Ann Fam Med* 2004 Jan-Feb;2(1):13-21.

Willing CE, Semansky RM, Waitzkin H. (2003, March). New Mexico's Medicaid managed care waiver: Organizing input from mental health consumers and advocates. *Psychiatr Serv* 2003 Mar; 54(3):289-91.

Effectiveness of prenatal diabetes education among Pima Indians. This evaluation focused on Pima Indians, who continue to have high rates of diabetes, in a project designed to develop a culturally informed understanding of diabetes in American Indian communities and to translate this understanding into more effective diabetes prevention programs. An emphasis on women and mothers was used in recognition of the importance of mothers' behaviors (e.g., prenatal diabetes control, breast-feeding) as factors in their children's diabetes status. (Principal Investigator: Carolyn Smith, University of Arizona; Grant HS10802, 9/30/00-2/28/02)

Cultural variation in data privacy and bioethical views. This qualitative study examined the effects of ethnicity and rurality on patient/consumer

perspectives about health data privacy and confidentiality using 18 focus groups which comprised members of American Indian (Navajo, Pueblo) and Latino (both native and immigrant) communities. (Principal Investigator: Robert Williams, University of New Mexico; Grant HS13208, 7/1/02-12/30/03)

Government coverage of traditional indigenous medicine. AHRQ supported conference discussions on this topic in two settings; the first formed part of a larger international ethics conference in London and the second, held in Arizona in 2001, specifically focused on the importance of traditional practices to Native American communities. The need for support of traditional practitioners and the role of indigenous medicine, both in Tribes' economic self-sufficiency as well as in government-supported health systems, were also examined. (Principal Investigator: J. Kristin Olson-Garewa, University of Arizona; Grant HS10930, 8/15/00-2/14/2002)

Developing Data and Research Capacity

Infrastructure development and research in Montana and Wyoming.

In addition to support for the Montana/Wyoming Tribal Leaders Council, Black Hill State University, and the Black Hills Center for American Indian Health to develop a sustainable research infrastructure, this project provides funding for two studies. One is identifying factors that affect breast and cervical cancer screening and followup of abnormal findings and developing a pilot program to increase the proportion of American Indian women who receive screening tests; the second aims to design, implement, and evaluate the effectiveness of a structured process involving tribal members and IHS

providers for jointly developing strategies for performance improvement based on priority issues that are identified through a consumer survey. (Principal Investigator: Gordon Belcourt, Montana/Wyoming Tribal Leaders Council; Grant HS14034, 9/30/03-9/29/06)

Planning for health information technology implementation in Cherokee County, Oklahoma.

This new project includes a collaborative partnership among a rural acute care hospital, a large American Indian tribal entity, an IHS hospital, a community health center, a health department, and a community consortium. Specific strategies in the plan for health IT implementation include developing both an integrated community health information network to facilitate provider coordination and client access as well as a telephone nurse line service and triage function to improve quality and reduce inappropriate emergency room use. (Principal Investigator: Mark Jones, Tahlequah City Hospital; Grant HS15364, 9/30/04-9/29/05)

Enhancing data collection systems in primary care practice-based research networks (PBRNs). Two AHRQ-supported PBRN projects are designed to develop electronic data system capacity in networks serving large numbers of AI/AN patients:

- The Oklahoma PBRN intends to increase training in and utilization of personal digital assistants (PDAs) to ensure that all member practices are able to collect and transmit research data electronically as well as better utilize the PDA Preventive Services Reminder System to collect routine practice data and increase the delivery and documentation of preventive services. The project also includes a pilot project involving a randomized trial of three

interventions for improving the management of diabetic patients. (Principal Investigator: James Mold, University of Oklahoma; Grant HS13557, 9/30/02-9/29/05)

- The Research Involving Outpatient Settings Network (RIOS Net) is composed of clinicians in IHS facilities, community health centers, and university-supported practices which serve culturally diverse, medically underserved, and low-income communities in New Mexico. Among the objectives of this completed study was a pilot project to learn more about the process of primary prevention and risk factor reduction. (Principal Investigator: Robert Williams, University of New Mexico; Grant HS11229, 9/30/00-9/29/02)

Development and implementation of a point-of-care electronic health record.

AHRQ is helping to support a collaborative effort by the Indian Health Service and Department of Veterans Affairs to develop and deploy an electronic health record and disease management system and to investigate the effect of the system on the quality and safety of health care delivery in IHS facilities. AHRQ support is facilitating IHS' ability to evaluate its current electronic health information system model, develop clinical requirements for a cardiovascular disease case management system, and provide better coordination and documentation.

Increasing career opportunities for American Indian researchers. A major AHRQ goal is to enhance opportunities for AI/AN investigators in health services research. For example:

- AHRQ contributed to the 2002 meeting of the National Alaska Native American Indian Nurses

Association. In addition to financial support, AHRQ staff conducted a session on funding opportunities, the grants process, and review procedures for nurse researchers.

- AHRQ is an active supporter of the Tribal College and University (TCU) Initiative of the Department of Health and Human Services (HHS). AHRQ has employed TCU and other American Indian students for summer internships since 1999, as well as during the fall semesters of 2001 and 2002. AHRQ will continue to foster interest in the health services research field among tribal college students through its summer internship program.

Building Relationships and Fostering Collaborative Activities

Reducing health care disparities among AI/AN populations. AHRQ is supporting efforts to identify and address disparities in health and health care among AI/ANs:

- AHRQ sponsored a 3-day workshop entitled "Addressing Critical Concerns of Health Care Systems Serving American Indians/Alaska Natives" in 2000. Presenters and participants included tribal council members and legislators as well as representatives of tribal health authorities/departments, clinics and health centers, urban Indian programs, Indian health boards, IHS facilities and Federal and State agencies. A summary of the workshop is available on the AHRQ Web site at www.ahrq.gov/news/ulp/tribal/ulptribal.
- AHRQ provided support to the HHS Office of Minority Health for a 2002 national forum for tribal



leaders, public/private organizations, Federal and State policymakers, and other health officials to examine ways to ameliorate health disparities among American Indians and Alaska Natives. In addition, AHRQ sponsored two sessions and a monograph on performing research in AI/AN communities by the Native Research Network.

- AHRQ participated in a 1-day meeting of HHS officials and TCU presidents in 2003 to identify ways in which the TCUs can contribute to the national efforts to address health care disparities and how HHS components can help them in these and other efforts to support and promote the development of TCUs.

Addressing long-term care needs of rural AI/ANs. In 2003 AHRQ held a workshop for tribal and State health officials in the Denver Region, which includes Colorado, Montana, North and South Dakota, Utah, and Wyoming. The 3-day workshop was designed to help tribal and State policymakers better understand and assess American Indian long-term care needs and develop policies, resources, and programs that meet those needs. The role of IHS, tribal governments, and State programs in delivering care and the special problem of lack of infrastructure, particularly in the very rural areas of the Region's reservations, were among the topics addressed. A summary of the workshop is available on the AHRQ Web site at www.ahrq.gov/news/ulp/amindltc/ulpailtc.htm.

Assisting in implementation of a clinical prevention pilot program. Following technical assistance training in 2003, the Alaska Department of Health and Social Services has implemented AHRQ's Put Prevention Into Practice (PIIP) program at a pilot site at Iliuliuk Clinic in Unalaska. The

purpose of PIIP is to increase the appropriate use of clinical preventive services, such as screening tests, immunizations, and counseling, based on U.S. Preventive Services Task Force recommendations. Eleven of Alaska's community health center sites that receive funding as federally qualified health centers are operated by tribal health organizations. All Alaska centers serve members of the AI/AN community. Five sites have expressed interest in potential participation in the Alaska PIIP project.

Looking Toward the Future

Recent AHRQ efforts in outreach to the AI/AN community include the following:

- AHRQ will become a partner in the Native American Research Centers for Health (NARCH) program in 2005. The program, which is targeted at developing opportunities for conducting research and research training responsive to the needs of AI/AN communities, is presently funded and managed by IHS and the National Institutes of Health. These Centers are working partnerships among AI/AN organizations and research-intensive institutions. (See www.nigms.nih.gov/news/releases/narch.html for a more detailed description of the program.)
- AHRQ is in the beginning phases of developing a consumer instrument for measuring American Indian and Alaska Native patients' satisfaction with the health care they receive from IHS and tribal hospital facilities. This is part of the CAHPS® project (formerly, the Consumer Assessment of Health Plans). AHRQ is working together with IHS and the Choctaw Tribe in this effort.



- In November 2003, Dr. Carolyn Clancy, AHRQ Director, sent a letter to all tribal college presidents reintroducing them to the Agency and its work (previous letters had been sent in 2000 and 1998) and encouraging them to contact AHRQ to discuss possibilities for joint efforts. Also, in response to a stated need on the part of the American Indian Higher Education Consortium, an umbrella organization for tribal colleges, AHRQ has offered statistical support for a research study the group is doing on public health issues and tribal colleges.

For More Information

For further details about AI/AN projects and other activities at AHRQ, contact:

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See the AHRQ Web site (www.ahrq.gov) for additional information on AHRQ and its programs.

